



Town of Wilbraham
240 Springfield Street
Wilbraham, Massachusetts 01095
413-596-2800 www.wilbraham-ma.gov

APPLICATION FOR EMPLOYMENT

PLEASE READ BEFORE FILLING OUT THIS APPLICATION:

The Town of Wilbraham (the "Town") is an Equal Opportunity Employer. The Town does not discriminate in hiring or employment on the basis of race, sex, color, handicap, national origin, military status, religion, age (as defined by law), ancestry, sexual orientation (as defined by law), and genetic information consistent with federal and state law. No question on this application is intended to secure information to be used for such discrimination. This application will be given every consideration, but its receipt does not imply that the applicant will be employed.

In processing this employment application, the Town may request that an investigative report be prepared, which may include information as to your character, general reputation, and personal characteristics, obtained through personal interviews with neighbors, friends and associates. In addition, information may be obtained from former employers and educational institutions that you have attended. A credit bureau report may also be obtained as part of this application and later for purposes of promotion, reassignment or retention.

I understand that should such investigation reveal any false statements made by me, I may be disqualified from employment or subsequently dismissed.

I further understand that, if I am hired, subsequent consumer reports may be requested without additional notice to me, in connection with the continuation of my employment (subject to collective bargaining agreements).

I also understand that an offer of employment may be contingent on the results of a physical examination by a designated physician relative to the essential functions of the job.

I hereby acknowledge that I have read the foregoing disclosure and understand it. I authorize the Town to conduct whatever investigation it deems necessary, as permitted by law.

Signature: _____

Date: _____

PLEASE ANSWER EVERY QUESTION. THIS APPLICATION MUST BE TYPEWRITTEN OR PRINTED IN BLUE OR BLACK INK.

[PRINT]

(Last Name) (First) (Middle)

(Date)

(Number) (Street)

(Daytime Telephone Number)

(City) (State) (Zip Code)

(Cellular Telephone Number)

(Mailing Address- if different)

(E-mail Address)

Length of Time at this address

LIST PREVIOUS ADDRESSES WITHIN THE UNITED STATES, EXCEPT MILITARY, IF ADDRESS CHANGED DURING THE PAST 5 YEARS.

(Number) (Street) (City) (State)

From (date) To (date)

(Number) (Street) (City) (State)

From (date) To (date)

In Case of Emergency, notify: _____
(Name) (Address) (Telephone)

[FROM HERE ON PLEASE WRITE IN YOUR NORMAL HANDWRITING.]

EMPLOYMENT DESIRED

Position: _____ Salary Requirements: _____

How were you referred to us? _____ Date Available for work: _____

Are you a United States Citizen or otherwise eligible for employment in the United States? _____ Yes _____ No

I understand that any offer of employment is conditioned upon the satisfactory completion of the verification process as required by the Immigration Reform and Control Act of 1986, and that the Town will hire only those individuals who are legally authorized to work in the United States and who present acceptable proof of their lawful employment status and identity.

EMPLOYMENT HISTORY

(attach additional sheets if necessary)

Include summer and part-time work, and any periods of unemployment. You may include your work history verified work performed on a volunteer basis. List only employment within the United States.

List Below the Name and Business Addresses of All Your Former Employers Beginning with your Last Position	Time Employed From: Mo/Yr To: Mo/Yr	Nature of Work	Earnings per week at start	Earnings per week when leaving	Reason for Leaving
1.					
2.					
3					
4.					
5.					

May we contact the employers listed above? _____ If not, indicate by number which ones you do not wish us to contact: _____

Where you ever dismissed from a job? _____

If yes, give details: _____

EDUCATION

(do not answer if not relevant to the requirements of the position for which you are applying)

Type of School	Name of School	City/State	Course Majored In	Number of years completed	Graduate? Give Degrees
Elementary					
High School					
College					
Graduate					
Other (Trade, Corres., Night)					

CERTIFICATIONS/LICENSES/PROFESSIONAL DESIGNATIONS

(list only licenses, certifications and professional designations relevant to the requirements of the position for which you are applying)

Type	Issuing Authority	Date of Issuance	Date of Expiration

REFERENCES

Business References: list 3 former managers who directly supervised you.

Name:	Employer:
Phone:	Relationship:
Years Acquainted:	May we contact?

Name:	Employer:
Phone:	Relationship:
Years Acquainted:	May we contact?

Name:	Employer:
Phone:	Relationship:
Years Acquainted:	May we contact?

Personal References: List 2 character references who are not related to you and whom you have known for more than 1 year.)

Name:	
Phone:	Years Acquainted:

Name:	
Phone:	Years Acquainted:

APPLICANT'S ACKNOWLEDGEMENT

Thank you for completing this application. Kindly read the following carefully and sign below indicating your understanding and agreement to the following. If you have any questions regarding this statement, please ask them before signing.

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liabilities.

In the event of employment into a position with the Town, I will comply with all the rules and regulations as set forth in the town's policies, by-laws, or other communications distributed to employees, which may be changed without notice at the discretion of the Town. Additionally, I authorize the Town to supply my employment record in whole or in part, and in confidence, to any prospective employer, government agency, or other party.

I hereby authorize my present and/or former employers, educational institutions, credit bureaus, references, neighbors and friends to disclose to the Town any and all information concerning my previous employment and any other pertinent information they may have, personal or otherwise, and I release all parties from any liability whatsoever resulting from such disclosure.

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably.

I understand and agree that if I am offered employment, it will be as an employee-at-will and that no employment contract rights have been created. (This statement does not necessarily apply to those employees who, if hired, will be members of a collective bargaining unit). I also understand and agree that my employment may be terminated at any time with or without cause (subject to the collective bargaining agreement, if applicable), and with or without advance notice at the option of either the Town or myself.

I hereby acknowledge that I have read the above statement and understand it.

Signature of Applicant

Date

CONFIDENTIAL

APPLICANT DATA RECORD - **This information is Voluntary**

The Town of Wilbraham (the "Town") is an Equal Opportunity employer. Applicants are considered for all employment positions in the Town, and employees of the Town are treated during employment without regard to race, sex, color, handicap, national origin, military status, religion, age (as defined by law), ancestry sexual orientation (as defined by law) and genetic information consistent with federal and state law.

We invite you to indicate your gender and race/ethnicity or veteran status below. This information will be kept in a confidential file, separately from your application and will be used only in government reporting in accordance with federal and state regulations.

YOU ARE NOT REQUIRED TO PROVIDE THIS INFORMATION. Your application for employment will be considered in the same manner whether or not you fill out this form.

Position(s) applied for: _____ Date: _____

How did you hear about this opening? _____

Check one:

GENDER	<input type="checkbox"/> Female	<input type="checkbox"/> Male
RACE/ETHNIC GROUP	<input type="checkbox"/> White	<input type="checkbox"/> Black
	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Cape Verdean
	<input type="checkbox"/> American Indian/Alaskan Native	
	<input type="checkbox"/> Asian/Pacific Islander	

Check all that apply:

VETERAN STATUS	<input type="checkbox"/> Vietnam Era Veteran
	<input type="checkbox"/> Disabled Veteran
	<input type="checkbox"/> Gulf War Veteran